

TOWN OF FREDERICK

APPLICATION FOR COMMUNITY PROGRAM FUNDING

| Date: 27 Jan 10 | Date Received: |
|---|--|
| Applicar Amenican | nt Information |
| Name of Organization: RECAY | FOR LIFE Telephone: 970-350-5010 |
| Address: American Cancer 8721 W 20TH ST, GREERLY, CO 80 | TOR LIFE Telephone: 970-350-5010 SociETY, ATTN: CARBON VALLEY SHUTEA RELAY FOR LIFE 634 |
| How is your organization structured? (Please attach 501c(3) or other Federal SEE ATTACHED | |
| Please list the officers in the organiza | |
| President or Chairperson: | |
| | |
| Secretary: | |
| Board of Directors: | |
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Project or Activity Information

Describe the event or program for which you are seeking funding: (attach extra

| narrative as necessary) |
|--|
| 2010 RELAY FOR LIFE |
| / |
| Date of event or activity: July 31 Ame (Duration: 12 Hour 5 |
| Date when funds will be needed: 1 MAPELY 10 |
| What is your estimate of the number of people who will benefit from this activity or project? |
| HUNDRED 5 OF RELAY PARTICIPANTS - THOUSANDS |
| OF CANCER PATIENTS AND SURVIVORS |
| How will this project or activity enhance the Town of Frederick's positive |
| image? |
| · · |
| THIS IS A MASOR COMMUNITY EVENT IN |
| THIS AREA |
| |
| Please describe any other ways in which this project or activity will contribute |
| to the good of the general public: |
| |
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| ν |
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| to the state of th |

Project or Activity Budget Information

Please list your estimated budget for this project or activity:

| , | Town participation | TBD (the amount of this request) |
|--------|---|-------------------------------------|
| | | |
| | | |
| | Total Funding: | |
| | Estimated Costs | Amount |
| | | |
| | | |
| | *************************************** | |
| | | |
| | Total Costs: | 78D |
| | le, please describe how you nds resulting from the proje | r organization plans to utilize any |
| _ | | |
| ALL I | MENEY RAISEN (| CIETY |
| AMERIC | CAN CANCER FO | CIETY |
| Name | and Signature of Organ | nization's Project Chairperson |
| GAMI | R. BANBOUR ime (please print or type) | 720-382-5701 |
| Na | ime (please print or type) | Telephone |
| Ciner | of fouct Title | THEDERICK |
| Gar. | A Barbara | 77 /m 10 |
| - m | Signature Signature | Date |
| | | |